

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

627131

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	✓					
TOTAL DEP.	11	✓	✓	✓	✓	
TOTAL CLAIMS	16					

1	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		✓	✓	✓	✓	
TOTAL CLAIMS						